INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
(909) 388-5823 FAX: (909) 388-5825

MICN/MICN-A CERTIFICATION

Check (✓) the appropriate box you are applying for: ICEMA MICN   **Exp Date:**
☐ **Initial $100**   ☐ **Continuous $100**   **Certification #:_____   _____**
☐ **MICN-A $100**   ☐ **Return to Active Status $100**
☐ **Inactive Status (No Fee)**   ☐ **Challenge $225**

FEES ARE NONREFUNDABLE - CASH OR MONEY ORDER ONLY- NO PERSONAL CHECKS ACCEPTED

Legal Name: _____
          Last   First   Middle   Sex (M/F)

Address: _____
          Home Address   City   State   Zip

Date of Birth: _____Phone #: _____Driver's License #: _____

SSN #: _____ Base Hospital or EMS Provider Agency Employer: _____

Email Address: _____ *(for ICEMA use only, will not be given out to third parties)*

VERIFICATION OF EMPLOYMENT
To be completed by the ED Nurse Manager or PLN at an ICEMA designated Base Hospital

I verify that _____, California RN License # _____ is currently/or will be employed at this facility as an MICN

_____
Name of Facility   Authorized Signature   Title   Date

☐ **MICN-A Waiver** *(To be completed by ICEMA authorized ALS Provider Agency's Fire Chief or EMS Coordinator)*

_____
Name of Agency   Authorized Signature   Title   Date

Field Time Verification (8 hrs) *(MICN Continuous Certification only)*

ALS Agency/Authorized Signature/EMT-P#	ALS Contact (Y/N)	Date	Hours

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ICEMA USE ONLY: Done By *(Initials)*_____ Photo:_____ICEMA Cert # _____

CA RN License #:_____Exp. Date___/___/___ BLS___/___   Effective:_____

ACLS:___SD:___FCA:___ARC:____PEDS:___TEACHING:_____   Exp. Date:_____

cc to employer:_____   Accounting #_____

MICN/MICN-A Certification Application 07.01.13 mae

MICN/MICN-A CERTIFICATION

(*ICEMA REFERENCE #1050*)

Submit with the application the requirements listed under the MICN status desired:

Check (✔) the appropriate box:

☐ **Initial Certification**
1. California RN License
2. BLS/CPR & ACLS cards
3. Drivers License
4. Course completion certificate
5. Cash or Money Order
6. Photo

☐ **Continuous Certification**
1. California RN License
2. BLS/CPR & ACLS cards
3. Drivers License
4. Document Education Requirements
5. Cash or Money Order
6. Photo

☐ **MICN-A**
1. California RN License
2. BLS/CPR & ACLS cards
3. Drivers License
4. Document Teaching and/or Education Requirements
5. Cash or Money Order
6. Photo

☐ **Inactive Certification-every Two (2) Years of Inactivation**
1. California RN License
2. BLS/CPR & ACLS cards
3. Document Education Requirements

☐ **Return to Active Status or Challenge**
1. California RN License
2. BLS/CPR & ACLS cards
3. Drivers License
4. Cash or Money Order
5. Document Education Requirements
6. Photo

Document Completion of Education Requirements in the Grid below
Provide Copies of the Roster or CE Certificate from each class

Check (✔) the appropriate box:

SD	FCA	ARC	Teaching	PEDS Airway Module I	PEDS Airway Module II	CE Provider #	CE Provider Name	Date	Hours

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I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to MICN/MICN-A Certification in the ICEMA region. I understand all information on this application is subject to verification, and I hereby give my express permission for ICEMA to contact any person or agency for information related to the certification process and subsequent testing to my employer and/or assigned Base Hospital. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

_____
Signature of Applicant   **Date**